

<b>ORIGIN</b>		Postage	
Post Office	Time in AM	Return Receipt	
ZIP Code	Weight lbs	C.O.D.	
Initials of Receiving Clerk			
<b>ACCEPTANCE</b>			
<input checked="" type="checkbox"/> First Day Delivery	<input type="checkbox"/> Second Day Delivery		
<input checked="" type="checkbox"/> By 12 Noon	<input type="checkbox"/> By 1:30 PM		
<input type="checkbox"/> Express Mail	<input type="checkbox"/> International Express Mail		
<input type="checkbox"/> Priority Mail	<input type="checkbox"/> Registered Mail		
Express Mail Account No.		Federal Agency Account No.	

**FROM:**

Mr. Thomas D. Paul  
Fulbright & Jaworski  
1301 McKinney, Suite 5100  
Houston, TX 77010-3095

<b>DESTINATION</b>	Date of Delivery	Time of Delivery	A.M. P.M.
<input checked="" type="checkbox"/> Signature Required			
<b>DELIVERY WAS ATTEMPTED</b>			
Signature of Delivery Person			
<p><b>Waiver of Signature and Indemnity (Domestic Only)</b></p> <p>I, the undersigned, hereby authorize the delivery employee to deliver the enclosed material without my signature and I authorize the delivery employee to sign the delivery receipt on my behalf. This constitutes valid proof of delivery.</p> <p>SIGNED: _____</p>			

**ADDRESSEE'S COPY**

**TO:**

Telephone Number:

BOX AF  
The Honorable Commissioner  
of Patents and Trademarks  
Washington, D.C. 20231

For Customer Use

AS09940160X